



## Intense medical training prepares for war

Sgt. 1st Class Renea Everage

Golden Medic is the 3rd Medical Command's premier annual training event aimed at enhancing the overall training and readiness of Army Reserve medical units. The United States Army Reserve Command-sponsored exercise brought together Soldiers, airmen and civilians from across the country to participate in this two-week exercise here and at Fort McCoy, Wis., from June 5 – 18.

GM04 focuses broadly on unit training tasks which constitute the basic training core of the exercise. It was designed to test the readiness of medical units and personnel while integrating medical and non-medical assets in a simulated battlefield environment. The exercise culminated the training year's individual and small unit collective training events into a realistic and chal-

lenging collective training event that integrates the full range of combat health support functions.

The 3rd Medical Command of Fort Gillem, as executive action agent for GM04, has command and control authority over the exercise and is responsible for ensuring its success. Subordinate commands and supporting non-medical units deployed to designated training sites, established operational areas and conducted battle-focused training on all aspects of combat health support.

Although an Army Reserve training event, GM04 is a multi-component joint exercise which involves members of the Army, Army Reserve, and Air Force Reserve. Air Force involvement helps health care providers develop a better understanding of how the two systems work to provide seamless healthcare.

To replicate the joint aspects of a deployed theater of operations, 3rd MEDCOM integrates coalition forces into the exercise play. Officers from Bulgaria, Austria, Germany, England and the Netherlands participated in this year's exercise.

Training during the two-week event ranged from common Soldier skills such as force protection and nuclear, biological and chemical defense to clinical and internal hospital systems. Other training opportunities involved communications challenges in a tactical environment.

Golden Medic provides units the opportunity to plan, prepare, and execute training as part of a medical task force in a simulated deployed theater of operations. The integration of non-medical assets into the exercise replicates combat service support on the battlefield and allows units to "train as you fight."



See Lasers, page 8

# Golden Medic '04 Leaders Tour Finalizes Preparation

By Sgt. Timothy Lawn

After months of careful preparation and grueling training, the largest annual Army Reserve stateside medical exercise, was prepared to begin. Only one event had to happen before the operation could commence.

On a drizzly morning in early June, Brig. Gen. Jack Killen, 3rd Medical Command Deputy Commander for Administration and exercise director for Golden Medic 2004, gathered his battle-ready subordinate commanders, boarded military vans and conducted a final leader's tour of the upcoming operational area.

"The intent (of the tour) is for professional development," said Killen. "It pertains to the mission." 3rd MEDCOM, the executive agent for GM04, is constantly searching for ways to make this exercise more effective. With an eye towards training for the future, Killen added that approximately one-third to one-half of all units participating in this exercise will eventually get deployed.

By participating in the tour, subordinate commanders had the chance to meet and



Photo by Spc. Christopher Bryant

*Brig. Gen. Jack Killen listens in during a briefing at the 13th Quarter Master Detachment, Water Purification.*

become familiar with each other's strengths and capabilities. For many of these units, this was the first time they had ever met.

Medical service support units and critical personnel such as the 5th Medical Group from Birmingham, Ala., the 342nd Supply and Services Battalion from Los Alamitos, Calif. and two Bulgarian military medical

officers, came together to participate in the exercise.

At each mud drenched tour stop, battle staff at units across the Golden Medic area of operations demonstrated their unit's capabilities to visiting commanders and 3rd MEDCOM senior staff. Tour highlights included a water purification unit capable of running over 10 miles of six-inch deployable hose and producing up to 72,000 gallons of potable water a day, a combat support hospital which, in its current configuration, is a 248-bed treatment facility and an air evacuation squadron, equipped with C-17 and C-130 fixed-wing cargo planes.

Units participating in GM04 had a single focus -- training to provide the U.S. military in a deployed theatre of operations with the best combat health support available. Golden Medic is often the last collective-task exercise for Army Reserve medical units to participate in before deploying into a war zone.

"Next time you see this same group, you may be in the desert!" said Brig. Gen. Jack Killen. This blunt statement instilled a sense of purpose and clarity to the participants of Golden Medic 2004.

## In Memorium



Photo by Spc. Anshu Pandeya

### Former President Ronald Wilson Reagan 1911 - 2004

On June 5, former President Ronald Reagan died after a long battle with Alzheimer's Disease. A ceremonial detachment of the Fort Gordon honor guard paid tribute to Reagan with a 21-gun salute and a moment of silence at noon Friday, and with a 50-gun salute Friday evening.

## Golden Medic 2004

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# Setup is training too... for the 73rd

By Spc. George Allen

The 73rd Combat Support Hospital, from St. Petersburg, Fla., is ready for war. For now, they will fight two weeks of simulated war during Golden Medic 2004. The dual-location annual training exercise is being conducted simultaneously here and at Fort McCoy, Wis. Its purpose is to prepare medical units for combat health support operations.

"Golden Medic is designed to allow a field hospital such as us, to perform our wartime mission of accepting casualties into the hospital, triaging them, treating them with surgery, and evacuating them to higher levels of care, or returning the war-fighter to the war," said Col. Candace Burns, 73rd CSH commander. "Our primary mission and overall goal is to return Soldiers to duty as soon as possible. Those that can not return to duty would be evacuated to a higher function medical facility within three days."

Golden Medic is where the

medical units go to train on that wartime mission. "We can rehearse and practice and do after-action reviews after major events," said Burns. "From this we develop and revise our standard operating procedures (SOPs) – during this exercise we will be using and revising these SOPs."

"This is an important time for us," said Burns. "It's a rehearsal for a deployment that could come at any time."

Burns' top priority is keeping training safe. Next is practicing the war-time mission. "This is the only time we really get to do it - working collectively in our war-time jobs, which are different from what we do in garrison, back in the unit."

Although what the 73rd is setting up is only a fraction of its total capability, it is still a massive endeavor. Rows and rows of tents hold surgical units, emergency room, intensive care, triage, a pharmacy, sterilization units, a kitchen, and more. All of the essential departments of a hospital are built up from the ground, turn-



Photo by Spc. George Allen

1st Lt. Kim Cleman tightens lines for a tent that will become part of the 73rd Combat Support Hospital.

ing a bare field into a fully functional medical treatment facility. Troops from the 73rd also had to set up tentage for headquarters, communications, supply and quarters for over

180 Soldiers.

"It's an eye opener when you see all the tents up," said Pfc. James Brannan, a 73rd health care specialist and occupational therapy assistant from Tampa, Fla. Brannan also works as an occupational therapy assistant as a civilian. "I didn't think it would be this labor intensive. I'm glad I'm doing it now ... getting a trial run before having to do this in a wartime situation."

1st Lt. Kim Clemann, an Army nurse with the 73rd, is serious about this preparation. Her son is in Iraq as a Marine Corps crew chief. "I'm going to make sure my son and the other troops get the best medical care they can get," said Clemann. "We're training to give appropriate triage to multiple casualty patients and appropriate medical management of wounded, to save lives and limbs."

"I'm all about saving lives and limbs," Clemann added.



Photo by Spc. George Allen

(l to r) Spc. Christopher Reed, a medic, Spc. Titus Weller, a respiratory specialist, Maj. Stella Demster, a critical care nurse, and 2nd Lt. Larry Moore, set up the 73rd's intensive care unit.

# 13th QM keeps Soldiers hydrated

By Spc. Christopher Bryant

Potable water is an essential resource to the U.S. military during training exercises and combat operations. The 13th Quartermaster Detachment is a water purification unit from Great Bend, Kan. They are here participating in Exercise Golden Medic 2004. Their mission is to ensure that exercise participants have access to good, clean water.

Golden Medic is the United States Army Reserve Command's premier medical training exercise. It links prescribed scenarios with a master events list and mass casualty drills to enhance the overall training and readiness of Army Reserve medical units.

Sgt. Victor Langrehr is the water point supervisor for the 13th QM Detachment. "We are here to support Golden Medic and to provide the participating units with the cleanest water we can make."

Langrehr expressed pride, not only in what he does, but also in those he serves. "We not only make the best water in the



Photo by Spc. Christopher Bryant  
Sgt. Victor Langrehr from the 13th Quartermaster Detachment explains water bladder capabilities.

world, we make it for the best customers in the world," he said.

The water purification process starts with the gathering of water from Leitner Lake here. This is done through the use of a variety of hoses running through generators into a Reverse Osmosis Water Purification

Unit (ROWPU). The water then goes through the several stages of purification, before being pumped into 3,000 gallon water bladders for storage until it can be transferred to the water distribution center. Tactical water distribution systems transport the water from the bladders to the distribution points. There, the medical units can pick up their supplies of water.

Staff Sgt. Shirley Ridgel, noncommissioned officer in charge of the water purification unit, was satisfied with her unit's performance. "The water is potable; it can be drunk, so we are doing good." Water purification is a constant process with performance checks every hour, noted Ridgel. "We have had to pull 24 hour shifts to make sure the job gets done," she said.

The 13th QM Detachment is one of a few water purification units in the Army Reserve. This small, elite group has the task of keeping units hydrated. In the combat environment replicated for the participants of GM 2004, the mission of the 13th is vital the success of the exercise.

## Signal, a hospital's lifeline

By Spc. George Allen

A major benefit of bringing together many reserve units that usually drill in isolation from each other, is the teamwork and communication that the Soldiers learn. During Golden Medic 2004, communication for the hospital relies heavily on the Signal Corps.

Sgt. Rickey Thomas, a network switch operator with the 73rd Combat Support Hospital, explained the hospital's main communications systems: Single Channel Ground and Airborne Radio System (SINGARS) and Harris radios. The combat support hospital uses these systems to communicate with field surgical teams deployed to the front. It also uses them to connect to the 338th Medical Brigade, its headquarters unit during the exercise. The 338th is currently at Fort McCoy, Wis. the other GM04 location.

"When a hospital first comes to a site, one of the first things they want up is communication via SINGARS," said Thomas. "Later we set up hard lines and other sys-

tems." The Harris radio system is new equipment the Army developed as a long range, high frequency, voice and data-capable radio. "It is also very secure," said Thomas. It is poised to replace the old high frequency long range radios.

"It's more secure, with better quality than we are used to. We'll use it for sending information forward and to the rear of our hospital over greater distances than was possible with the old radio system," said Thomas.

That information exchange occurs between the 73rd here and the 338th at McCoy, Wis. The distance to the rear would be even further in wartime. Casualty reports, supply requests, contact information on enemy and friendly forces, is all sent by radio between the 73rd and 338th.

Communications like these are vital to the hospital. Beyond calling in medical evacuations from the front, proper communication enables the hospital's quick reaction force, perimeter defense, and air defense to maintain proper levels of secu-

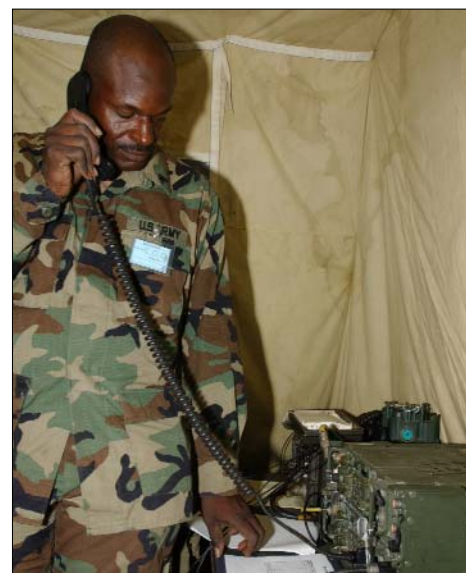


Photo by Spc. George Allen  
Sgt. Rickey Thomas, 73rd CSH, transmits a tactical situation report to other elements of the 73rd over the SINGARS radio, the standard Army communications radio.

urity. This all makes for effective NBC early warning reporting, allows quick requests for vital medical supplies and provides a channel for general information for the chain of command and members of the unit.



# Medicine speaks all languages

By Spc. Anshu Pandeya

Golden Medic is the largest peacetime medical training event in the U. S. Army Reserve. Its purpose is to train medical units in an environment that replicates real world deployments. Interaction with coalition forces is an important part of that reality. To provide that realistic multi-national training environment, foreign military forces from England, Germany, Austria, the Netherlands and Bulgaria were invited to participate in the exercise play.

Currently, Maj. Emil I. Karjin and Capt. Petko Petkov, health specialists with the Bulgarian army, are visiting here as part of GM 2004. The pair received a detailed orientation and briefing from the exercise's Joint Visitors Bureau. Capt. Thomas W. McBroom, a staff judge advocate with the 3rd Medical Command has acted as a guide for the officers since their arrival. 3rd MEDCOM is the executive action agent for Exercise Golden Medic.

Foreign officers come to GM04 from a variety of medical fields, bringing with them a wealth of knowledge and experience. Karjin specializes in intensive care medicine and anesthesiology, and Petkov's specialty is internal medicine. Both expressed a desire to learn as much as they can.

"We are here to see how Americans do things, how units collaborate, and hopefully take part in the exercise," said Karjin.

Karjin and Petkov are scheduled to observe and train with the 405th Combat



Photo by Spc. J. Wilson Guthrie  
Bulgarian army officers, Maj. Emil Karjin and Capt. Petko Petkov observe a mock surgical procedure by members of the 405th Combat Support Hospital from West Hartford, Conn. during Golden Medic 2004. Spc. Alen Chery, Capt. Noreen O'Brien, and Maj. Michael Kane (l to r), trained members of their unit as the visiting officers looked on.

Support Hospital until the end of the exercise. While observing members of the 405th CSH "treat" a mock shrapnel wound to the chest, they were able to ask questions and compare procedural techniques.

Golden Medic provides units and individuals the opportunity to plan, prepare, and execute training as part of a medical task force in a simulated deployed theater of operations. As Bulgarian Soldiers are being deployed for peacekeeping operations, noted Karjin, it is important to stay in touch with American operating procedures.

"NATO has unified principles that coin-

cide with U.S. principles," said Karjin. "We hope to gain some practical experience from the exercise." Karjin is scheduled to deploy to Afghanistan, and Petkov has already been deployed to Bosnia and Kosovo.

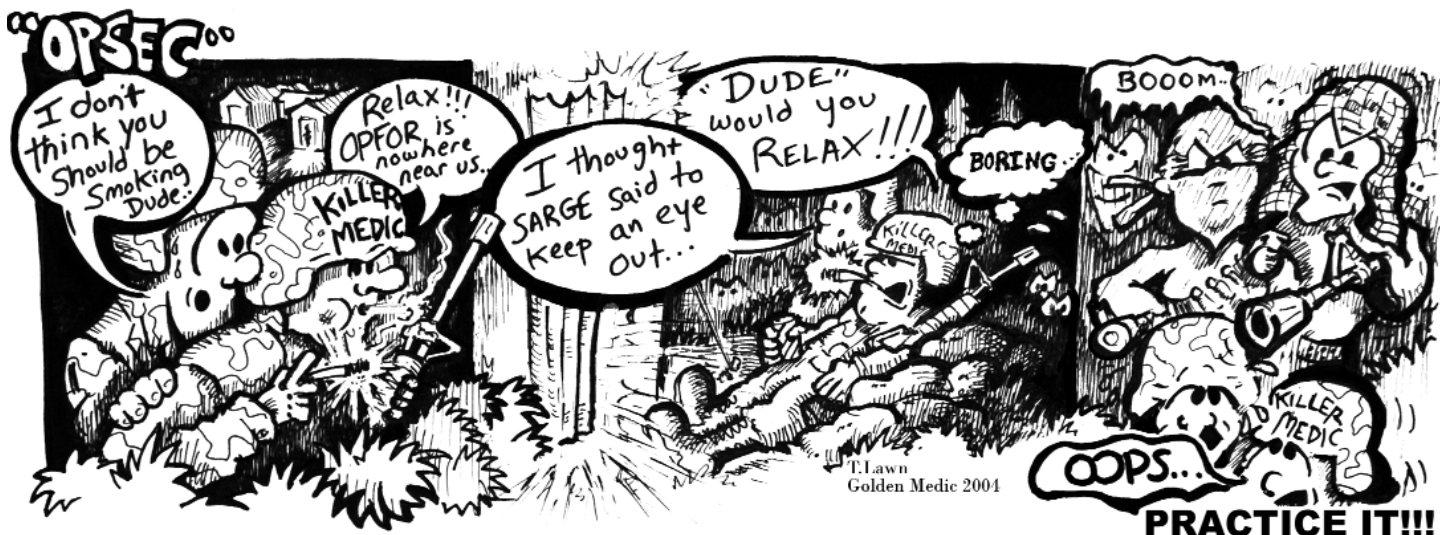
This is Karjin's and Petkov's first visit to the U.S. Their initial impression was clearly influenced by location and time. Karjin aptly describes Georgia in the middle of June as "very hot."

The officers hope to take an active role in the exercise, but recognize there may be some limitations. "The language barrier may cause problems," said Karjin. "We learned English in high school," he added, "but, that was a long time ago."

Even with the language barrier, relations with the Soldiers are very good. Petkov described the U.S. Soldiers as "very friendly and accommodating."

"In a word, they are nice," Karjin agreed.

Golden Medic, which first started at Fort Gordon in 1998, has grown in focus and scope. Additional training sites include Fort McCoy, Wis. (this year) and Camp Parks, Calif. (in previous years). The exercise continues to evolve to provide realistic scenarios to expose medical units to the full range of combat health support operations. Lessons learned from unit and individual deployment experiences in a demanding and ever-changing war zone have been integrated into the exercise scenario. And the importance of working in a joint and multinational environment continues to be emphasized.





# Air MEDEVAC

Story and Photos by  
J. Wilson Guthrie

So where do the patients go after a field hospital has cared for them? Who carefully whisks these Soldiers to Germany for prolonged care, after they have been to the Combat Support Hospital?

That mission falls to the airmen of air evacuation squadrons. During Golden Medic 2004, this mission falls on the 446 Air Evacuation Squadron from McCord Air Base near Seattle, Wash.

These airmen work in teams of between five and seven people who take care of everything from patient care during the flights to getting the patients luggage on and off of the aircraft.

The patients begin their journey on an ambulatory bus that transfers them from a holding hospital at the airfield to the evacuation aircraft. Patients are then transferred to the aircraft with the necessary means, either by walking themselves to the aircraft in instances of lesser ill patients and by litters for more serious patients (bottom right).

The walking patients are then seated in the aircraft (right center) and litter patients are strapped into litter racks. These racks contain hookups for oxygen and help to

reduce movement of patients.

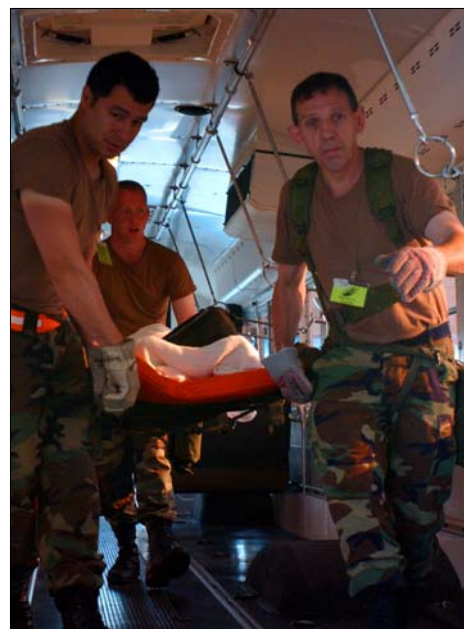
The AES can handle a wide range of patients including ventilator and catheterized patients, but do not re-bandage any wounds.

"The aircraft is a dirty environment," said Maj. Julie Sawyer, flight nurse and Medical Crew Director for the 446 AES. "We just reinforce what bandages are there."

During the flight, Sawyer had to restrain simulated patient Sgt. Josh Allen, of the 405th Combat Support Hospital (top right). Allen is being evacuated because of psychological problems.

The flight nurses are also charged to keep a close watch on the vital signs of each of the patients. Flight nurse Maj. Judy Krill takes Allen's blood pressure and pulse during the flight (bottom left).

Master Sergeant Aaron W. Maness of the 446 AES (center photo), is the lead technician on a C-17 evacuating patients from Augusta Airport to permanent care facilities away from the exercise. He is in charge of all enlisted personnel on the flight and also takes care of any problems that arise with the Medical Crew Director. When his administrative duties are complete he also helps to care for the patients on the flight as seen here with a mannequin used for training.





# Man Down!



Photos by Spc. George Allen

(counter clockwise from top) - A 469th Medical Company ambulance heads out to pick up patients. Pfc. Lucien Nevatt, a medic with the 313th HUS, triages a casualty before transferring him to the 469th Ambulance. Nevatt (left) and Pfc. Brian Owens, a 469th medic, move the patient. In pre-op, (bottom) Spc. Ashley Crawford, a respiratory therapist with the 73rd CSH sets up an oxygen mask for the casualty.

By Sgt. Roderick Turner  
and Spc. George Allen

A mannequin named 'Peters,' and two of his battle buddies were awaiting transportation to the nearest medical facility for treatment. They developed their injuries and moulage wounds at the Regional Training Site - Medical's Mannequinville.

It's the middle of the Field Training Exercise at Golden Medic 2004. And the 469th Medical Company, from Wichita, Kan. is the first responder to medical emergencies in the field.

The unit's primary mission in Golden Medic is providing transportation and medical treatment while en route to a medical facility, said Sgt. First Class Socorro Gonzalez, acting first sergeant of the 469th Med. Co.

"We'll go to the ambulance exchange point (AXP) to pickup the injured Soldier or Soldiers, load them into the ambulance, and transport and stabilize casualties until reaching the closest facility of healthcare," said Gonzalez.

Command Sgt. Maj. Terry Smith an observer/trainer with GM04 explained the process -- "First they will triage the patients. They will determine how to load the patients based on who has the most serious wounds," said Smith. "The least injured are loaded on top, and the most serious are on the bottom litters, where they are easily accessed and removed."

"The goal of triage is to do the greatest good for the most people," said

Pfc. Brian Owens, a medic with the 469th. Medics must triage a patient at each stage of evacuation, because the patient's status can change.

After the patients are loaded, one of the medics from the two-man ambulance crew stayed in the back to observe and treat them.

"Usually we have two people for an ambulance crew, sometimes three," said Pfc. Brian Owens, a medic and driver with 469th Med.Co. "We'll continue to treat the patient because their status can change while en route to the medical facility."

While en route to the 73rd Combat Support Hospital, where 'Peters' and his battle buddies were treated, Owens drove while Pfc. Lucien Nevatt, a medic with the 313th Hospital Unit Support, treated the patients in the back of the ambulance.

Smith observed both medics during their triage, through loading, and then quizzed Nevatt with different possible medical scenarios to test his knowledge.

This training is valuable, "Especially being in the reserves," said Owens. "It's nice to get out here and make sure everything on the Ambulance works and to go out on runs."

You get to "see if you actually retained what you learned," said Owens.

"They did very well on this run," said Smith. "This was their first run, so they might have been kind of nervous ... but they were very confident and knowledgeable," said Smith. "I'd let them treat me."

# Lasers keep Soldiers sharp

By Spc. J. Wilson Guthrie

"You stretch the magazine spring to keep your weapon from jamming," barked a man in civilian clothes to a group of troops. His keys clanged together on a cord emblazoned with the gold and black Ranger Tab.

"Always put tracer rounds near the end of your magazine. Does anyone know why?" he asked. One brave private offered up, "So you will know when you are out of rounds."

"Wrong answer!" the man boomed. "I always know when I am out! You do that so the man to your left can send some rounds right and the man on the right can send some rounds left!"

This was excellent information for someone planning to defend an area or for anyone going on an overseas deployment. For the members of the 405th Combat Support Hospital, who will be defending their area during attacks during Exercise Golden Medic 2004, this information will save their lives.

The man with the booming voice is retired Sgt. Maj. Lyle Daniels. He came to the exercise to train participating troops in the correct and most effective use of the Multiple Integrated Laser Engagement System, or MILES gear for short. Daniels, a veteran of the Vietnam War, retired from the United States Army in 1992. He was an infantry sergeant major and member of the elite Rangers.

MILES gear uses lasers attached to the end of the M16A2 rifle, and sensor harnesses attached to the chest area of troops, and a "halo" of sensors around the base of the Soldier's Kevlar helmet. During GM04, Soldiers use the MILES gear in realistic combat training scenarios created for the exercise.

"It's like laser-paintball," said Daniels. "Body bags are not the way to learn. (This training) is the way we develop individual skills working with members of teams and mentored by sergeants."

The Soldiers were tasked to bore-sight their gear by using a receiver that told the Soldiers which adjustments that they should make to the laser on the M16A2, so their weapons would hit what they were aiming at. The up/down and left/right adjustments could be made by turning recessed knobs on the side and top of the laser module. A few selected non-commissioned officers sighted all of the lasers for the Soldiers.

The troops taking Daniels' class received instruction not only in how to use this high-tech gear, but also in basic combat maneuver skills, including how to react to imminent attacks. The Soldiers would also perform force protection drills such as vehicle and personnel searches and secure-gate entry procedures, according to 1st Sgt. Lavergne Trevor of the 405th.

"It is actually a very intensive procedure," said Trevor. "We search (a



Photo by J. Wilson Guthrie

*Sgt. Maj. (Ret.) Lyle Daniels teaches other Soldiers the proper sight picture for the MILES gear using Staff Sgt. Mark Hume, of the 455th Med. Co. as an example.*

suspected) vehicle from top to bottom and make sure that (we) are looking for any weapons and explosives."

Daniels also began training the quick reaction force. These Soldiers are the first to react to any signs of attack on the 405th compound.

Daniels demeanor and rapid-fire delivery make him and his messages very memorable. He takes very seriously his job of training Soldiers to survive in combat environment. "There were 56,000 (Soldiers killed) in Vietnam and (only) 143 in phase one in Iraq," he noted. "Body bags are not the way to learn."



## Combat Dental

Lt. Col. Patrick Foley, a dentist with the 919th Medical Company (Dental Service), performs a cleaning on a 73rd Combat Support Hospital Soldier while Pfc. Carlos Pineda, a 919th dental assistance, observes the procedure. Foley and his staff of nine, are attending Golden Medic 2004 here. The exercise replicates a combat environment to train medical and non-medical support units to work together to provide combat health support. Members of the 919th of Aurora, Colo. came to GM04 to enhance their skills in the field of preventive dentistry, oral hygiene and x-rays in this realistic and challenging environment. (Photo by Pfc. Marcos Alices Kinch.)



# Life

## IN A BOX

By Spc. J. Wilson Guthrie

A well-used metal box sits in a quiet warehouse that will soon come alive with movement. The army-green container is filled with a variety of medical supplies wrapped in plastic, holding gauze that will soon be blood-soaked and needles that will pierce the veins of wounded Soldiers. This is the box that holds "life" for the Soldiers of Golden Medic 2004, who are tasked with the job of saving lives.

Garry Montague is responsible for filling these containers daily. He is a supply technician with the Regional Training Site-Medical here. RTS-Med helps to train Soldiers to do their medical supply mission properly, and is supporting 3rd Medical Command and other participants of GM04.

Golden Medic is the United States Army Reserve Command's premier medical training exercise. It is aimed at enhancing the overall training and readiness of Army Reserve medical units. The exercise links



Photo by Spc. Anshu Pandeya  
Shelves of medical supplies scale the walls of the warehouse. Regional Training Site - Medical uses the eight-month-old warehouse for storage and organization.



Photo by Pfc. Marcos Alienes Kinch  
Spc. Dana Brinker, and Staff Sgt. Alfonso Mercado, medical supply specialists with the 405th combat support hospital, prepare boxes of medical supplies to take to the field.

prescribed scenarios with a master events list and mass casualty drills. Mannequins and Soldiers, moulaged with artificial blood and wounds, serve as exercise casualties.

The role of the supply warehouse during the exercise is the same as that of a main hospital during combat, according to Montague. Daily operations in the warehouse include inventory and accountability, but their main thrust occurs when units participating in exercises need medical supplies. Units needing supplies send requests from the field back to the warehouse. Montague fills the supply containers that are then picked up by the units.

The warehouse serves as more than just a storage unit and supply point. It is also a learning environment that Montague uses to train units and Soldiers for real-world deployment. GM04 exposes them to supply procedures they will encounter in a combat environment. He teaches them how to appropriately organize and distribute their medical supplies.

Montague deals with Class 8 medical supplies at the eight-month-old warehouse. These items include gauze, needles, waste disposal, intravenous fluids and any other medical supplies that would be considered expendable. Before the warehouse was built, the supplies were sitting in a tent that was hard to control environmentally and the heat was negatively affecting the inventory.

"(The supplies) were inside a tent, but

they were deteriorating because of the heat and it wasn't cost efficient to keep them there because so much was being lost," said Montague. "They came up with the idea to build a warehouse to store and organize all the supplies that the medical units in the field need."

"It helps with training for Soldiers because it is set up like a hospital," said Montague, "so they can supply their own units in the field."

Montague provides support to units based on their particular type of organization, whether it's a dental detachment or a combat support hospital. Medical supply Soldiers get together with him and begin building the cases, filling them with items that the units have requested and other items that they may also need. Items in the containers include gauze, fluids and needles that help save the lives of Soldiers wounded in combat.

Pfc. Bobbie Jo Yap is a St. Petersburg, Fla. native with the 73rd Field Hospital. She arrived on Fort Gordon in advance of her unit to assist Montague in getting her unit's supplies. Yap is a medical supply specialist who helps keep accountability for her unit's medical supplies.

Yap is staying in the field with her unit and said that she is enjoying her annual training experience during GM04. "I like camping so it is good for me. I am loving it." Apparently her association with supply is not limited to her military career. Yap started an automotive parts delivery job shortly before her trip to Fort Gordon.

# OTs and PTs fix the walking wounded



Photos by Spc. George Allen

1st Lt. Enrique Smith-Forbes, an occupational therapist, prepares a corrective splint for Maj. Charmaine Untiedt, a physical therapist, as an example during a class. Different shapes of splints can be used to correct soft tissue injuries, in addition to broken bones (cast examples at right). Both Soldiers are in the 73rd Combat Support Hospital.

By Pfc. Marcos Alices Kinch

If the Occupational and Physical Therapy sections of the 73rd Combat Support Hospital are suffering from an identity crisis, they intend to end it now. Since arriving here for Golden Medic 2004, they have collaborated with other branches of the hospital to inform Soldiers on the services they offer.

"We have a lot to offer and I don't believe people know what we can do for them," said 1st Lt. Jim Huffman, a 73rd occupational therapist. One of the classes they presented was on splinting and casting broken bones.

The missions of the two sections overlap because of their similar hands-on techniques with soft tissue and joints, but each section brings their own specialty and area of expertise to the table. While occupational therapy concentrates mainly on using activities in a variety of settings to reduce physical and psychosocial disability, physical therapy works with patients suffering from orthopedic problems. It is the job of

both sections to help ensure the wellness of Soldiers and return them back to duty quickly.

"We want to have a Soldier to be able to button a shirt and return to duty," said 1st Lt. Sigurd Rutkis, a 73rd occupational therapist.

Physical therapy provides Soldiers help with minor sprains, muscle spasms, and care for wounds. They are experts in the examination of and treatment for muscle

problems that affect Soldiers' abilities to move the way they need to and function as well as they want in their daily lives.

"Our goals are to get Soldiers back to the frontline to perform their military duty," said Maj. Charmaine Untiedt, 73rd physical therapist.

One of the goals the Physical and Occupational Therapy sections wanted to achieve during GM04 was to collaborate and communicate with the rest of the 73rd CSH. While here, they functioned as one unit, while informing other sections of their skills.



## Stitching swine saves lives



Photos by Spc. George Allen

Col. Jerry Wible, a doctor with the 313th HUS, instructs Pfc. Sophia Mancero, a 73rd medic working in the intensive care ward, on proper suture techniques on pigs feet (top). Spc. Dennis Avera, a 73rd combat medic, practices his suturing at right. At left, a finished suture. Sutures can be used to stop bleeding in emergencies.





# OPFORce to reckon with

By Spc. Anshu Pandeya

In an exercise such as Golden Medic 2004, it is important to capture real battle-field scenarios. From treating wounded Soldiers to dealing with opposition forces (OPFOR), a Soldier must be prepared to deal with the rigors of deployment.

To better capture the realism of medical support units in combat, OPFOR participates in scenarios to train Soldiers to deal with hostile situations. Maj. Karl Wilson, a plans officer with the 3rd Medical Command and coordinator of OPFOR operations for GM04, said the objective is not to destroy the enemy, but to protect medical units and their patients.

"We need to determine the problem before it detonates," said Wilson. "We're not here to hand out answers. Soldiers must work as a team and solve problems themselves. There's no one right solution. There can be five or six different (correct) answers."

The OPFOR team consists of 10 volunteers from the 313th Hospital Unit (Surgical) of Springfield, Mo. The team is led by Capt. Yancy Caruthers, a training officer in the Nurse Corps who has also had anti-terrorism training. Caruthers, the officer-in-charge of the OPFOR element here at the Regional Training Site – Medical, said snipers, small arms, mortars, improvised explosive devices, and other harassment are some of the ways OPFOR could attack.

"It's insane for 10 guys to just rush the perimeter," Caruthers said. "It just doesn't happen that way in real life." Stealing vital equipment from the hospital is an example



Photo by Spc. Christopher Bryant

*Soldiers with the 73rd Combat Support Hospital react to an OPFOR attack on the hospital perimeter.*

of how OPFOR can disrupt operations for the medical units. "Soldiers need to make the adjustment," he added.

OPFOR does not design the exercises. GM04 is a training environment, and OPFOR is another tool for commanders to train their Soldiers. OPFOR scenarios are based on input from the unit commanders who want to see them executed in this exercise.

"I was on the receiving end (of OPFOR) last year," said Maj. James Melson, hospital commander of the 313th. This year he is an observer/trainer. He wants to ensure that his Soldiers learn. "How does this hospital respond to an attack?" he asked. OPFOR members assist in answering that question.

The distinct attire worn by OPFOR members allows them to stand apart from exer-

cise participants. "Uniforms let them see who the bad guys are," said Caruthers. The "uniforms" for males consist of desert camouflage uniform pants, a black T-shirt, and a head scarf. Females wear a Middle Eastern-type dress with a scarf over their faces.

Although Maj. Wilson has had three years experience working at the National Training Center at Fort Irwin, Calif., this is his first Golden Medic. It is also his first time working with an Army Reserve unit. "My faith in the American Soldier has been renewed," said Wilson. "And seeing the imagination of these young Soldiers is amazing."

"They bring lots of experience from their day-to-day lives," he added. "They have lots of skill and knowledge. Overall they will get to their objective, if not the same way (as the active duty Soldiers)."

"These Soldiers are insanely motivated," said Caruthers. "They will be working for 72 hours. In their free time, they invent something else (for the mission). They are so committed and just inspire you."

Training in the provision of care for wounded Soldiers while responding to OPFOR is but one of the scenarios for which GM04 participants train. It's effective and it's realistic for Soldiers who have no previous deployment experience. Caruthers agreed, "This is good training for younger folks."



Photo by Spc. Christopher Bryant

*Capt. Yancy Caruthers, 313th Hospital Unit, Springfield, Mo. plays OPFOR in attacks on American forces during the exercise.*

# Heart, artery and veins of GM04

By Spc J. Wilson Guthrie

The ability to share intelligence in combat environments has evolved over time. During the Revolutionary War, Paul Revere rode through the streets crying "The British are coming, the British are coming!" With the Civil War came the telegraph, Morse code, and possibly the beginning of the information age. World War I ushered in the use of radios.

The way commanders communicate on today's battlefields, is a far cry from those now-antiquated methods. Sophisticated technological advances across the communications spectrum have made 'automation,' 'digitization,' and 'telecommunications' the buzz words of the day. Computers are an essential asset on today's battlefields.

A main goal of the 3rd MEDCOM's Information Management (or G-6) office is to train Golden Medic 2004 participants to enable their commanders to communicate. The G-6 consists of two subsections: Automated Data Processing Equipment and Communications. ADPE is responsible for ensuring that all the automated communications elements function together and independently. "If the commanders can't talk, their mission is gonna fail," said Maj. Tony Cromer, IM officer for the 3rd MEDCOM. His job is to ensure that ability exists for the Soldiers participating in GM04.

The "Commo" section handles all manner of telecommunication capabilities from commercial telephones to Digital Network Voice Terminal (DNVT) tactical phones. "Basically we are the heart, main artery, and veins of the operation," said Master Sgt. Fred Young, non-commissioned officer in charge of the G-6.

The G-6 job begins months before Golden Medic Soldiers ever hit the ground. They are responsible for creating a system to connect all the participants of GM04. First the Soldiers had to lay in the infrastructure, to include wiring for all the connectivity devices. These devices include phones, tactical phones, tactical radios, local area net-



Photo by J. Wilson Guthrie

*Soldiers from the G-6 section of 3rd Medical Command work on testing their local area network and handheld comms.*

works (LANs) and computers. All of this had to be in place and working before GM04 began.

"When we go to the field, it is always real," said Young. "When we lay in (the lines) they have to be hot. When we are laying (communication) it has to be real." Over two miles (about 8000 feet) of communication cable has been used for the exercise.

The security issues involved in dealing with technology are also a high priority for the G-6 Soldiers. "If there is one thing that can shut a network down, it's if (security) comes through and scans this network and if there is a system that is on it that has vulnerabilities. They will shut the whole network down until it is fixed," said Cromer. "That is why, when we are initially setting up, we make sure that all the right patches are installed to take care of security vulnerabilities."

To ensure seamless communication capabilities, redundant systems are put into place. These systems include tactical phones, LAN lines, FM radios, high frequency radios and commercial phone lines. If all these systems were to fail, the process of communications is carried out using

Soldiers as runners.

The effectiveness of the redundant systems was tested as part of the exercise. A security violation forced the G-6 to shut down the LAN of the two combat support hospitals in GM04. Forced to do without e-mail and automated patient tracking systems, the combat support hospitals resorted to less timely options of FM radios and tactical phones.

"The mission of the G-6 is the same wherever they go. Exercises or the war in Iraq, these signal Soldiers are always doing real-world work. The mission aspect, if I were to go into theater under the 3rd MEDCOM, everything is brought to me because I am the theater support command there," said Cromer. "As for the (Combat Support Hospital) they will be at a site similar to the (sites at GM04) and there will be a signal unit there to support them and that is where they get all their life support when it comes to information management."

"That is the difference between the Signal Corps and a lot of units: everything is real world," said Young. "Everything we do is real world."